



VANPOOL APPLICATION

Getting to and from work is easier and cheaper with Mountain Metro Rides Vanpool Program. If you are interested in being part of a vanpool, fill out the application form and return it to:

Mountain Metro Rides
1015 Transit Drive
Colorado Springs, CO 80903
Fax: (719) 385-5419
metrorides@springsgov.com

Name: _____
(First) (Middle) (Last)

Home Address: _____

City: _____ State: CO Zip Code: _____

Company Name: _____

Work Address: _____

City: _____ State: CO Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Drivers License #: _____ State: ____ Expiration Date: _____

Date of Birth: _____ Work Hours: _____ - _____
(Start) (Finish)

Check Work Days: ☐ MON ☐ TUE ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN

Check One: ☐ Primary Driver ☐ Back-up Driver ☐ Rider Only

Emergency Contact: _____ Phone: _____ Relationship: _____

If someone referred you to Vanpool, who was it? (first and last name required)

Everything stated on this application is both true and correct to the best of my knowledge. I understand that Mountain Metro Rides will submit this application to their insurance carrier to seek approval. I also understand that I am required to submit to Mountain Metro Rides my current driving record annually, on or before the last day of February. This information is used only for current vanpool drivers and will be kept confidential.

(Signature) (Date)

Note: All submitted applications are valid for six (6) months. If your application does not result in a vanpool match after six (6) months, you must resubmit your application.